

EMPLOYEE SAFETY AND SECURITY CONCERNS PROGRAM
IMPLEMENTATION PLAN

Comments and questions regarding this plan should be directed to the contact person listed below:

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Sign-off Record:

Approved by: _____ **Date:** _____
Manager, Environment, Safety, Health & Assurance

Reviewed by: _____ **Date:** _____
Deputy Director

Ames Laboratory	Plan: 10200.008
Office: Environment, Safety, Health & Assurance	Revision: 2
Title: Employee Safety & Security Concerns Program Implementation Plan	Effective Date: 10/1/2002
Page: 2 of 5	Review Date: 10/1/2005

1.0 REVISION/REVIEW LOG

Environment, Safety, Health & Assurance (ESH&A) will review this document once every three years at a minimum:

<u>Revision Number</u>	<u>Effective Date</u>	<u>Contact Person</u>	<u>Pages Affected</u>	<u>Description of Revision</u>
0	9/1/98	J. Withers	All	Initial Issue
1	11/1/01	S. Nelson	All	G:\Doc&Recs\DCP\Revisions-Descriptions\102_008rev1
2	10/1/02	S. Nelson	All	Addition of Integrated Safeguards & Security Management (ISSM) G:\Doc&Recs\DCP\Revisions-Descriptions\Plan 102_008rev2

2.0 PURPOSE AND SCOPE

Ames Laboratory seeks to promptly address employee concerns about environment, safety, health and security issues in the workplace. The Laboratory fosters an environment in which employees are encouraged to bring concerns to the attention of their immediate supervisor. Resolution of concerns should occur at the lowest management level possible. However, if the issue cannot be resolved at this level, the employee has the opportunity to proceed within his/her management chain or to report the problem using an alternative mechanism described in this procedure.

This procedure applies to all Ames Laboratory employees, subcontractors and visitors.

3.0 RESPONSIBILITIES

- 3.1 LABORATORY DIRECTOR – The Laboratory Director is ultimately responsible for ensuring that employees are provided a safe and healthy work place; the Director creates a working environment that encourages employee reporting of unsafe work practices and conditions by supporting initiatives such as the Employee Safety and Security Concerns Program.
- 3.2 PROGRAM DIRECTORS / DEPARTMENT MANAGERS – Program Directors / Department Managers shall be aware of the Employee Safety and Security Concerns Program, encourage participation by Program / Department employees and act promptly on concerns and issues raised.

- 3.3 GROUP / SECTION LEADERS – Group / Section Leaders shall be aware of the Employee Safety and Security Concerns Program, encourage participation by group / administrative office employees and act promptly on concerns and issues raised.
- 3.4 SAFETY COORDINATORS / REPRESENTATIVES – Safety Coordinators / Representatives shall be aware of the Employee Safety and Security Concerns Program and act promptly on concerns and issues raised via interactions with the Program Director / Department Manager, Group / Section Leader, ESH&A and / or the employee.
- 3.5 EMPLOYEES – Ames Laboratory employees shall participate in the Laboratory's environment, safety and health program by performing work in accordance with established practices and procedures; employees shall interact with supervisory personnel, Safety Coordinators / Representatives and ESH&A personnel on concerns and issues that relate to the Laboratory's environment, safety and health program.

4.0 PROGRAM ELEMENTS

4.1 EMPLOYEE TRAINING

All employees receive an introduction to the Employee Safety and Security Concerns Program during General Employee Training (GET). During this training it is explained that all employees are encouraged to report any concerns they have related to workplace health, safety or protection of the environment and security. Mechanisms that may be used by employees to report concerns are explained.

4.2 PROGRAM ANNOUNCEMENTS

Attachment A is a copy of the bulletin board announcement describing the Employee Safety and Security Concerns Program that is posted throughout Ames Laboratory. This announcement is also included as a handout in the packet of information received by all employees during GET.

4.3 CONCERN INVESTIGATION PROCEDURE

ESH&A shall document employee concerns utilizing the Incident and Concern Reporting Form #10200.088 (Appendix C). These forms may also be filled out by employees upon request. Instructions for filling out the forms are as follows:

Date: Date of occurrence/concern.

Time: Time of concern or when report is filed.

Name: Fill in your name.

Bldg./Room: Fill in building and room where concern is located.

Phone: - Fill in your phone number.

ESH&A Point-of-Contact: Name of ESH&A person who received information or was assigned to follow up on issue.

Nature of Incident/Concern - Briefly describe the nature of the concern including time of discovery, any actions taken upon learning of the concerns and previous reporting.
(Form is forwarded to Industrial Safety Specialist for processing/classification).

Classification: The process by which employee concerns are classified (I, II, III, IV) and investigated is described is the same as Procedure #10200.038 - Accident, Incident and Employee Safety and Security Concerns: Classification and Investigation.

Incidents/concerns will be classified in accordance with the definitions below. All concerns that don't involve personal injury or any of the other components listed will be classified as Class IV.

Classification & Investigations (as described from Procedure 10200.008):

- **Class I** – Accidents of highest severity, with the greatest impact on or damage to Laboratory programs, operations or personnel (e.g. fatality, permanent total disability, property damage greater than 2.5M, etc.).
- **Class II** - Accidents of high severity, with high impact on or damage to Laboratory programs, operations or personnel (e.g., occupational illness that requires in-patient hospitalization, property damage \geq \$1M but $<$ \$2.5M, etc.).
- **Class III** - Accidents of moderate severity, with moderate impact on or damage to Laboratory programs, operations or personnel (e.g., recordable injury or illness, property damage \geq \$5000 but $<$ \$1M, etc.).
- **Class IV** - Accidents of minor severity, with minor impact on or damage to Laboratory programs, operations or personnel (e.g. first aid injuries) and incidents.

Class I accidents require a Type A investigation by a board appointed by DOE Chicago personnel. Class II accidents require a Type B investigation by a board appointed by DOE Chicago personnel. All Class III accidents shall be conducted in accordance with an established accident investigation procedure by Ames Laboratory personnel including ESH&A specialists with training on the accident investigation principles of protecting, preserving and documenting evidence and accident scenes. Class IV incidents will be reviewed informally by ESH&A and any other personnel involved in the incident. A graded approach shall be applied to Class III & IV investigations taking into account the severity and nature of the accident or incident.

Root Causal Determination: Upon completion of the investigation, a root causal determination will be defined for each concern.

Comments: Additional comments pertinent to the concern will be added.

Area of Concern: The concern will be classified in one of the major topical areas listed.

Number: ____ - ____ Each concern will be given a unique number that will correspond to the year and be assigned sequentially (i.e., 01-001, 01-002, etc.)

Acknowledge date: Number of days from point of notification to ESH&A notification of the affected party.

Address date: Number of days from point of notification to concern being formally addressed by ESH&A or other Laboratory entity.

Each concern will be thoroughly evaluated by an ESH&A Specialist. The form shall serve as the mechanism by which documentation of events shall occur. Any supporting documentation will be attached to the form for future reference.

5.0 IMPLEMENTATION SCHEDULE

9/1/1998– Employee Safety Concerns Program initiated
9/1/2001– Program reviewed
10/1/2002 - Program updated to reflect Integrated Safeguards and Security Management (ISSM)
10/1/2005 Program Review

6.0 POST PERFORMANCE ACTIVITY

The ESH&A office utilizes the Corrective Action 5 Software Database tracks employee Safety and Security Concerns. Summary statistics of concerns will be generated on an annual basis for the purpose of conducting a trend analysis of issues the ESH&A office is addressing.

7.0 ATTACHMENTS

Attachment A – Form: Bulletin Board Announcement/GET Handout
Attachment B – Flow Diagram – Investigation & Recordkeeping Process
Attachment C – Form: Incident & Concern Reporting Form #10200.088

Attachment A – Form: Bulletin Board Announcement/GET Handout

***DO YOU HAVE A CONCERN REGARDING
WORKPLACE ENVIRONMENT, SAFETY & HEALTH
PROTECTION OR SITE SECURITY?***

*Do you have suggestions that could improve the Laboratory's
Environment Safety and Health program?*

Are you concerned about a site security practice or condition?

WE'D LIKE TO HEAR FROM YOU!!

Ames Laboratory requires employee participation in environment, safety, health and security programs. Responsible reporting of unsafe work conditions and other concerns by employees is a vital part of Ames Laboratory management providing a safe place to work. Report your concerns by doing any of the following:

- Contact your supervisor.
- Contact the ESH&A office (G40 TASF, 294-2153) and speak to any ESH&A Specialist. Confidentiality will be maintained upon request.
- Contact ESH&A by email at safety@ameslab.gov or security@ameslab.gov

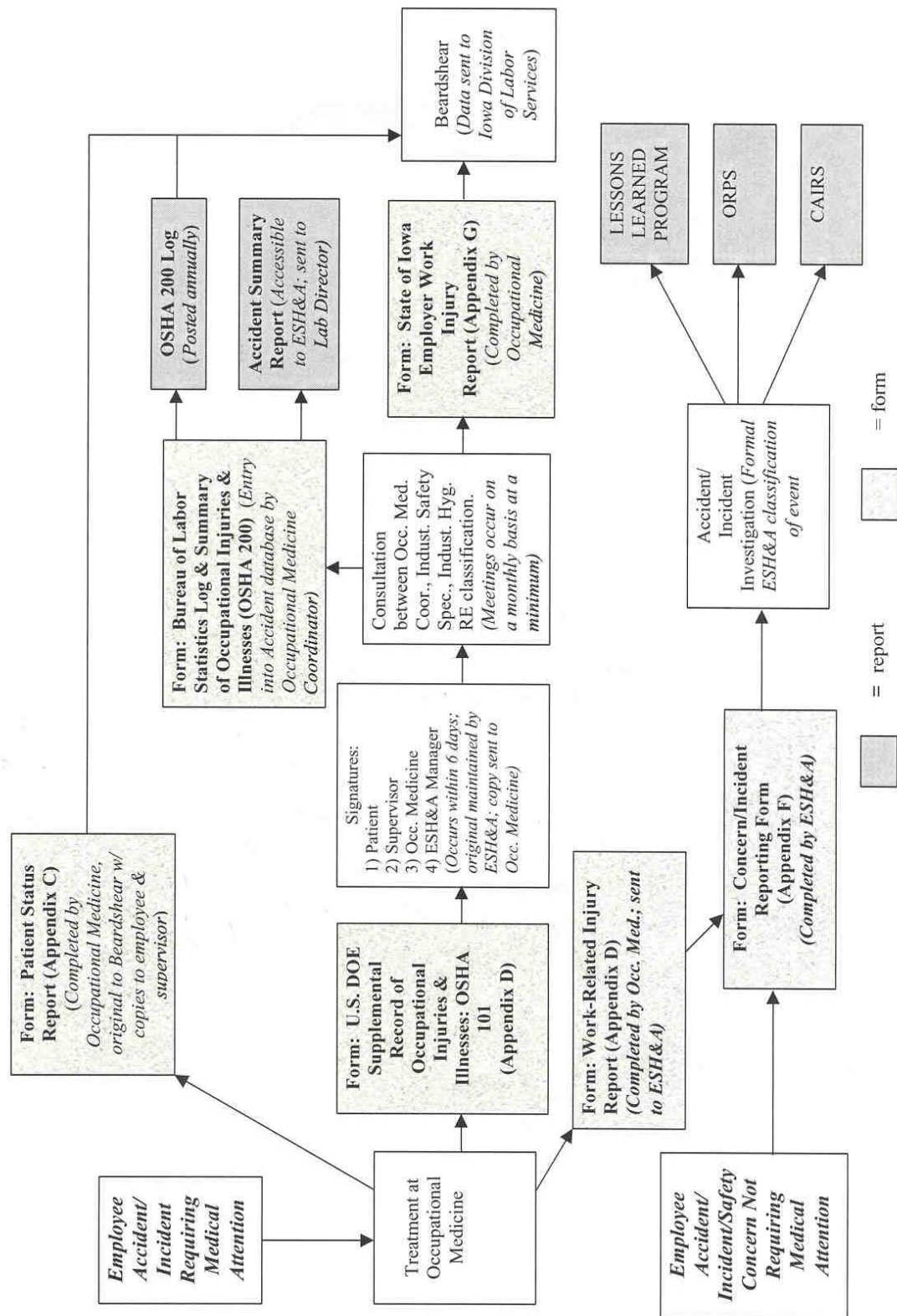


AMES LABORATORY

**EMPLOYEE SAFETY & SECURITY
CONCERNS PROGRAM**

Attachment B – Flow Diagram – Investigation & Recordkeeping Process

DIAGRAM 1. INVESTIGATION & RECORDKEEPING PROCESS



Attachment C – Form: Incident & Concern Reporting Form
Form # 10200.088

INCIDENT & CONCERN REPORTING FORM

Date: _____ **Time:** _____

☐ Per employee notification to ESH&A (Attach any documentation).

☐ Per Occupational Medicine Report (Attach documentation).

Name: _____ **Bldg./Room:** _____ **Phone:** _____

ESH&A Point-of-Contact: _____

Nature of Incident / Concern *(Include a discussion of investigation and resolution of event):*

(Forward to Industrial Safety Specialist at G40 TASF)

Classification: ☐ Type I ☐ Type II ☐ Type III ☐ Type IV (Concern)

Root Causal Determination: _____

Comments:

Area of Concern: ☐ Electrical Safety ☐ Fire Safety ☐ Egress Path ☐ Industrial Hygiene
 ☐ Health Physics ☐ Cylinders/gas ☐ Industrial Safety ☐ Waste Management
 ☐ Emissions & P2 ☐ Hoisting/rigging ☐ Property Management ☐ Housekeeping/Sanitation
 ☐ General Safety ☐ Security ☐ Other: _____

Number: ____ - _____ (e.g., 01- 001, 01-002, 01-003, etc.)

Acknowledge date: _____ (# days ____)

Address Date: _____ (# days ____)

(Forward to Employee Concerns File and Enter into CA5 Database)